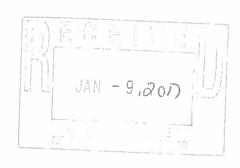


## Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

| a saci                                       | dusens  |  |   | 0                 |   |
|--|---|--|---|-------------------|---|
| Fill in I                                    | Reporting Period dates. Beginning Date  | DE 100                                       | Ending Date: 3  | Town              | 2016                                      |
| Type o                                       | f Report: (Check one)   |  |   |                   |   |
| 8th d  | ay preceding preliminary 8th day preceding election   | 30 day                                       | after election year-en  | d report          | dissolution                               |
|  | Candidate Full Name (if applicable)  City Convoid WARD >  |  | Committee to Ele<br>Committee N.  | 62                | is believel                               |
|  | Office Sought and District  19 For BUS AU  Residential Address  |  | Name of Committee   | R                 |   |
| Telephone                                    | Number (ephonal): 413-584-3732  | Telephone                                    | Committee Mading  | Address           |   |
|  |   |  |   |                   |   |
|  | SUMMARY BALANC  | E INFOR                                      | MATION:   |                   |   |
|  | Line 1: Ending Balance from previous report   |  | 1,764,1   | 7                 |   |
|  | Line 2: Total receipts this period (page 3, line 11)  |  | 4-  |                   |   |
|  | Line 3: Subtotal (line 1 plus line 2)   |  | 1,764.1   | 7                 |   |
|  | Line 4: Total expenditures this period (page 5, line  | : 14)  | 278.00  | )                 |   |
|  | Line 5: Ending Balance (line 3 minus line 4)  |  | 1,486.17  |                   |   |
|  | Line 6: Total in-kind contributions this period (page   | 3e 6)  | -0-   |                   |   |
|  | Line 7: Total (all) outstanding liabilities (page 7)  |  | 6   |                   |   |
|  | Line 8: Name of bank(s) used: Holenc  | e BAL  |   |                   |   |
| I certify that<br>activity, incl             | Committee Treasurer:  I have examined this report including attached schedules and it is, to the best outling all contributions, loans, receipts, expenditures, disbursements, in-kind covity of all persons acting under the authority of on behalf of this committee in a   |  |   | tement of all ca  | mpaign finance                            |
|  | er the penalties of perjury:  |  | (Treasurer's signature)   | Date: 5           | 7 10 S CAN F                              |
| FOR CAL                                      | NDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box  | only)  |   |                   |   |
| Candid<br>I certify<br>activity,<br>incurred | into with Committee and no activity independent of the committee that I have examined this report including attached schedules and it is, to the be, of all persons acting under the authority or on behalf of this committee in account of any liabilities nor made any expenditures on my behalf during this reporting programs.      | pest of my kno<br>ordance with to<br>period. | wledge and belief, a true and comple<br>ne requirements of M.G.L. c. 55. I ha | te statement of a | il campaign finance<br>any contributions, |
| finance                                      | ate without Committee OR Candidate with independent activity filing sep-<br>that I have examined this report including attached schedules and it is, to the b-<br>activity, including contributions, loans receipts, expenditures, disbursements,<br>an finance activity of all persons acong under the authority of an behalf of this, | est of my kno                                | withous and lishilinus for with a   | 1 1 1             | Il campaign<br>resents the                |
| Signed unde                                  | er the penalties of perjury: June U-NEd C   | will   | (Candidania aiman)  | Date: 7           | 16/2013                                   |



## SCHEDULE A: RECEIPTS (continued)

| Date Received        | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
|----------------------|--|--------|--|
|                      |  |        | 1  |
| )                    |  |        |  |
|                      |  |        |  |
|                      |  |        |  |
|                      |  |        |  |
|                      |  |        |  |
|                      |  |        |  |
|                      |  |        |  |
|                      |  |        |  |
|                      |  |        |  |
|                      | ,  |        |  |
|                      |  |        |  |
|                      |  |        |  |
|                      |  |        |  |
|                      |  |        |  |
|                      |  |        |  |
|                      |  |        |  |
|                      |  |        |  |
|                      |  |        |  |
|                      |  |        |  |
|                      |  |        |  |
|                      |  |        |  |
|                      |  |        |  |
|                      |  |        |  |
|                      |  |        |  |
|                      |  |        |  |
|                      |  |        |  |
|                      |  |        |  |
|                      |  |        |  |
| ne 9: Total Receipts | s over \$50 (or listed above)                                |        |  |
|                      | s \$50 and under* (not listed above)                         |        |  |
|                      | CEIPTS IN THE PERIOD   |        |  |
|                      | ceipts of \$50 and under, include them in line               | -      | Enter on page 1, line 2                                    |

If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE B: EXPENDITURES (continued)

| Date Paid | To Whom Paid<br>(alphabetical listing) | Address                           | Purpose of Expenditure   | Amount   |
|-----------|--|-----------------------------------|--|----------|
|           |  |                                   |  |          |
|           |  |                                   |  |          |
|           |  |                                   | La constant de la con |          |
|           |  |                                   |  |          |
|           |  |                                   |  | <u> </u> |
|           |  |                                   |  |          |
|           | · · · · · · · · · · · · · · · · · · ·  |                                   |  |          |
|           |  |                                   |  |          |
|           |  |                                   |  |          |
|           |  |                                   |  |          |
|           |  |                                   |  |          |
|           |  |                                   |  |          |
|           |  |                                   |  |          |
|           |  |                                   |  |          |
|           |  |                                   |  |          |
|           |  |                                   |  |          |
|           |  |                                   |  |          |
|           |  |                                   |  |          |
|           |  |                                   |  |          |
|           |  |                                   |  |          |
|           |  |                                   |  |          |
|           | -                                      | Line 12: Expenditures over \$50   | (or listed above)  |          |
|           |  | Line 13: Expenditures \$50 and un |  |          |
|           | Enter on page 1, line 4 →              | Line 14: TOTAL EXPENDITU          |  |          |

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE D: LIABILITIES

«M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period

| e Incurred | To Whom Due                             | Address                 | Purpose              | Amount |
|------------|---|-------------------------|----------------------|--------|
|            |   |                         |                      |        |
|            |   |                         |                      |        |
|            |   |                         |                      |        |
|            |   |                         |                      |        |
|            |   |                         |                      |        |
|            |   |                         |                      |        |
|            |   |                         |                      |        |
|            |   |                         |                      |        |
|            |   |                         |                      |        |
|            |   |                         |                      |        |
|            |   |                         |                      |        |
|            |   |                         |                      |        |
|            |   |                         |                      |        |
|            |   |                         |                      |        |
|            |   |                         |                      |        |
|            |   |                         |                      |        |
|            | Enter on page 1, line $7 \rightarrow L$ | ine 18: TOTAL OUTSTANDI | NG LIABILITIES (ALL) | -6-    |

Page 7